

TRADITIONAL METHODS IN REHABILITATING PSYCHOACTIVE DRUG DEPENDENTS IN MALAYSIA: AN ALTERNATIVE MODALITY *

Mahmood Nazar Mohamed #
Md Shuaib Che Din ##
Ismail Ishak #

ABSTRACT

Psychoactive drug addiction treatment and rehabilitation programmes world wide are facing with the difficulty of successfully treating and rehabilitating drug dependents because this rate of success is very much determined by the rate of slips, lapse and relapse (recidivism). The success rate for the rehabilitation of drug dependent ranges from 50 to 70 percent, and specifically, in the case of Malaysia, around 60%. Popular current treatment modalities have been employed in Malaysia since 1983, namely detoxification, physical, psychosocial and psychological treatment via various modes such as full time in-house treatment schedules (the Serenti programme), therapeutic community, and the out-patient programmes. The only modality being excluded or being practiced is the methadone maintenance programme and other similar treatment procedures using substitute mood altering agents. However, another treatment approach which has been neglected by research is the traditional modality such as the homeopathy approach, the religious (Islamic-spiritual) method and other spiritual approaches, since the number of drug addicts being rehabilitated at these centres are small, and where approaches and procedures differ greatly from one centre to the next. This study looks at one of the traditional approaches, identifying the underpinning philosophical assumptions, processes, procedures and modes of implementation. The paper also reports preliminary findings in terms of its effectiveness in treatment and endow observation on its future prospect as an alternative method of rehabilitating drug addicts.

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School of Foundation Studies, UNIVERSITI UTARA MALAYSIA, 06010 Sintok, Kedah, Malaysia. (Tel 604-7005700, Fax: 604-9241144)

Department of Psychology, Faculty of Social Sciences and Humanities, UNIVERSITI KEBANGSAAN MALAYSIA, 43600, Bangi, Malaysia. (Tel 603-8250001)

INTRODUCTION

The vitality of scientific and technological advancement in our society today still could not endow us with any assurance in terms of solution to every existing or even traditionally laden problems. One of which is the problem of treatment of drug dependents. It was generally observed that psychoactive drug addiction treatment and rehabilitation programmes world wide are faced with the challenge of successfully treating and rehabilitating drug addicts, where this rate of success is highly resolute by the rate of slips, lapse and relapse (Brownell, Marlatt, Lichenstein & Wilson, 1986; Freeman, 1988; Mahmood, 1995). The success rate for the rehabilitation of psychoactive drug dependents ranges from 50 to 70 percent (Simpson and Savage, 1980; Tims, 1981; Crowley, 1983; Gold, 1991). It is to these set of challenges that researchers and practitioners make continuous attempts to look for better treatment schemes and modalities in treating the one disease that is so peerless in its own sense, one that have deal with the euphoric sensational feelings when the patient is considered problematic (addicted), but the unendurable pain of withdrawal when one is considered to be well or drug free (Mahmood, 1994; Mahmood, Md Shuaib & Abdul Halim, 1994).

This objective of this paper is to present upon examining the one modality which has been much neglected by the research community and research work in this country, that is the traditional method (spiritual base) of drug rehabilitation. It also looks at the drug senario, and various drug rehabilitation

programmes in the country in perspective to the theme of the paper.

DRUG ADDICTION SENARIO IN MALAYSIA

Since this paper carries some characteristics of a country report, it is therefore deemed proper to provide some pertinent informations concerning the current drug senario in Malaysia.

Drug addiction in Malaysia is closely linked to its early economic development, where most of the migrants from China and South India brought along with them their opium smoking habits (Mohd Sharif, 1991). As a result, opium addiction began to emerge as a problem towards the end of the 19th century. Candu (opium) shops were set up, where the substance could only be sold to opium smokers recommended by medical practitioners. By the middle of the 20th century, there were about 75,000 registered opium addicts and perhaps twice the number of illicit smokers (Narcotic Report, 1994). By the end of the 1960's, there were higher involvement of youths with psychoactive and psychedelic substance such as marijuana, heroin, morphine, methaqualone, amphetamine, barbiturates and all the sort, including the very much lethal halucinogens.

[The drug problem senario in Malaysia was first noted in 1970 with the detaining of 711 psychoactive drug addicts nationwide. The problem then was still considered a social predicament, due to the relatively small number of individuals involved with the psychoactive substance.]

However, by 1983, the problem had gotten grim, where a total of 12,205 addicts identified in the country, which is at the

incident rate of 82.8 per 100,000 population (Mahmood, 1995); with 44.6% relapse cases. At this juncture, the war on psychoactive drugs (or *Dadah*, as it was aptly termed in Malaysia) was declare, and the status from a social problem was redefined as a national security problem. Thus, psychoactive drugs and all related activities to it receive special attention from the government.

In the case of Malaysia, the current success rate is around 60% (Narcotic Report, 1994). Popular current treatment modalities have be employed in the country since 1983, namely detoxification, physical, psychosocial and psychological treatment via various modes such as full time in-house treatment schedules (the Serenti programme), therapeutic community, half way houses, and the out-patient programmes (Mahmood, 1991a). This will be further reflected in the later part of this paper.

AN OVERVIEW OF DRUG REHABILITATION PROGRAMES IN MALAYSIA

The psychoactive drug treatment and rehabilitation program in Malaysia starts off at almost the same time as the identification of the drug abuse problem, but a more systematic and holistic treatment programme was not established until 1983 with the setting up of the Drug Treatment and Rehabilitation Division (DTRD), under the flagship of the Home Affairs Ministry.

The drug rehabilitation strategy, which is very much undiluted over the years, is aimed at severing dependency on illicit drugs and preventing the continuous occurence of recidivism (Anti Dadah Task Force and National Security Council,

1987; Mahmood, 1991; Narcotic Report, 1994). Rehabilitation programme reforms addicts from the state of addiction to being drug free. [The treatment and rehabilitation concept practiced in this country is generally based on a "cold-turkey" approach, where rehabilitation is carried out without the use of substitute drugs (Arokiasamy & Taricone, 1992; Narcotics Report, 1994).

The treatment and rehabilitation program is for drug addicts who voluntarily request treatment. However, drug addicts detained by the Anti-Narcotic Branch also need to undergo the compulsory treatment schedules. Under the Drug Dependents (Treatment and Rehabilitation) Act 1983, addicts are given two options. One is to undergo treatment at the Serenti Treatment and Rehabilitation Centre for a period of two years, and secondly, to undergo a supervision programme for a period of two to three years. Those released from the treatment and rehabilitation centre will further undergo an aftercare programme for another two years period (Narcotic Report, 1994). In general, the heroin users, long term drug dependents with criminal records on drug related offence are those placed under the institutional programme. Addicts who are not opiate users and have good community support are normally placed under the supervision support.

(Three important elements of the treatment and rehabilitation programmes are detention and detoxification; institutional rehabilitation; and supervision and aftercare. For the first element of treatment, a total 22 hospitals are gazetted as detention and rehabilitation centres in 1994, where in house detoxification facilities are provided to emancipate the physical dependence to psychoactive substance. Drug substitution is not a

practice, thus there are no available methadone maintenance program or its substitute (eg. levi-alpha-acetal-methadol or LAAM) at these centres. "Cold Turkey" in its pure sense is being practice here.

The second treatment element, institutional rehabilitation or aptly termed as Serenti Centres provide psychosocial treatment for opiate dependents which includes programs such as physical restoration, mental and psychological rehabilitation, self discipline, social rehabilitation, edification of spiritual and moral values and lastly, the insemination of community and family values. By the end of 1994, there are 25 Serenti centres, and a total of 22,950 drug addicts have undergone rehabilitation at these centres (Narcotic Report, 1994). A few centres employing the therapeutic community approach such at the Daytop model are also in place in the country (Asian Federation of Therapeutic Community, 1994).

[The third treatment element is the supervision and aftercare programme, which in principle is to provide a community base support programme for the ex-drug addict to fit in with its community, and to avoid relapsing back to taking the psychoactive substance and maintaining abstinence. Among the components of the programme are orientation, review of short and long term objectives, individual, group and family counseling and therapy, random urine test and the utilization of the community facilities for community services. For the year 1994, a total of 10,739 aftercare cases, and 15,045 supervisory cases were handled by these centres (Narcotic Report, 1994).]

The reality of the drug addiction scenario in this country is probably the same with other developing countries, there are simply not enough facilities to treat and rehabilitate all the drug dependents. On top of that, some of the drug dependents have their own preference as to which modality is more suitable for them. Therefore, several alternative modalities and approaches have been set up throughout the country, either as private facilities or NGO sponsored. By the end of 1994, there are about 38 centres, some employing the traditional, spiritual or religious base modality. These centres complement the roles of the government-sponsored treatment facilities, more and more drug dependents seeking treatment at these localities.

THE TRADITIONAL APPROACH

The history of drug taking and rehabilitation trials for psychoactive substance has been very intriguing. For as long as mankind has been using drugs, there have been numerous attempts to control or even eradicate drug addiction. For as many years too, addicted people have tried hindmost and sometimes dangerous methods to free themselves from the influences of psychoactive substances, one of which is substituting one drug for another has always been the first thought of the addicted person in distress (Alexander, 1990). As an example, "heroin" were once used for a replacement for morphine, and it was so named because it was thought to have some "heroic" powers in curing morphine addiction (Freeman, 1988). However, heroin was found to be so addictive that it requires its own treatment scheme (Newland, 1980).

Methadone was later introduced (Dole & Nyswander, 1967; 1976), though ingeniously outlined as an alternative substance that can control part physical and psychological withdrawal of heroin and morphine, now its being regarded as an abused drug in its own right (Bratter, Pennacchia & Gauya, 1985). Similar substitutes like Levo-alpha-acetal-methadol or LAAM (Blaine & Renault, 1976) to methadone carries the same effect.

Departing from the basic fact that addiction, especially to psychoactive substance is a chronic recurring disease (the medical model of substance addiction), and that once treated, drug addict will have a strong tendency to regress back to the influence of the substance, it is logical to assume that an alternative target can be set to redirect this recurring behavior. Is it possible to create an alternative dependency, like methadone for morphine and heroin, something similar to it but other than the form of psychoactive substance? This is the theme or idea put forth by the traditional treatment practitioners which will be discussed further in the paper.

Philosophy and Approach

There have been some studies done in the country (for example, Heggenhougan & Navaratnam, 1979; Rohana, 1984) that looks at the traditional modality of drug rehabilitation, but these were basically descriptive approaches without analysing the foundation, processes and effectiveness of the traditional programs. Thus little conclusion can be drawn from these studies on the status and prospects of this modality.

The traditional rehabilitation centre that is covered in this paper is the INABAH centres, located at Pulau Bidin, Langgar, in the State of Kedah; and the Adolescence INABAH Center of Kampong Sungai Ikan, in the state of Terengganu, Malaysia. Both centres employed the Islamic spiritual model of treatment which was originally established in Suralaya, Indonesia. Other traditional centres exist but the structure, setup, approaches and processes used for rehabilitation at INABAH are the most comprehensive in comparison to the others. Both of these INABAH centres are also recognized as Aftercare Centers by PEMADAM (*The National Association for the Prevention of Drug Abuse*), an NGO that overlooks the treatment and rehabilitation process in the country.

The foundation of the traditional Islamic method treatment (drug addiction and other ailments) has its source in the Holy Quran, the Sunnah of Prophet Muhammad s.a.w., and Ijtihad, or views of the ulama (*ijmak and qias*). The INABAH centre uses this foundation with an inclusion of the *Tasawuf* method (*Tarikat Qadariyyah Naqsyabandiyyah*), in which the *tarikat* practices the the concept of *Zikrullah* to treat and cure any diseases which has its source in the human soul. In the case of drug addiction, its basic objectives are to cleanse the drug dependents from the influence of the psychoactive substance via several traditional and spiritual methods and to path them back to the ways of Allah s.w.t. base on five principles of *Iman, Amal, Ilmu* (knowledge), *Taqwa* and *Jihad* (for the course of Allah).

The INABAH practices an open concept of rehabilitation, where a drug addict who usually have tried other means of

tment and failed to remain abstinence from drug taking
vior come to an agreement or contract with the centre for
tment, abide by its written rules and unwritten norms for the
tion of treatment term. If referral is made by the parents or
a significant others, the contract also binds them to be
olved in the treatment process. However, if it is self-
erral, no contractual inclusions are made with the parents or
significant other. Therefore, the drug addicts are free to
ve the centre at their own free will, no fence to stop them or
guards to coerce them to stay on for the treatment. The INABAH
tre at Pulau Bidin reports a modest 80 to 85 percent full
ogram participation, whilst the centre at Terengganu at 60%
mpletion rate (due to its longer duration of treatment).

Treatment Process

The INABAH treatment process involves a three 45 days
ssion (Pulau Bidin) and 12 to 24 months at the Kampung Sungai
an Center. The difference in time is due to the extended after
are facilities provided at the Kampong Sungai Ikan centre, where
ddicts soughting treatment are given some vocational training
as in the Serenti Centres) under the community service
programme. Other than this variation, all INABAH centres
(including centres in Indonesia and Southern Thailand) practice
the same treatment processes and methods.

Upon entry to the INABAH centre, all addicts are required to
drink specially prepared water that has been read (*jampi*) with
specific Quranic verses. A significant number of addicts

(specifically 60% of those involved in this study) reported a reduction in craving for the psychoactive substance after the consumption of the water, at least about half of the craving has been eliminated. They will then undergo detoxification for a period of seven to ten days to shed off the rest of the physical dependence towards the substance. Upon the completion of detoxification, the addicts will perform a cleansing bath, shave their hair, and will proceed to the following treatment stage. Here they will be awarded the *zikir*, start their prayers and begin the cleansing of the soul.

There are various treatment processes conducted by the INABAH Centre that fits the familiar nomenclature of any rehabilitation programmes. Departing from the previously mentioned approaches, there are four basic processes practiced by the centre, namely the *Taubat Bath*; *Regular Wajib Prayers*, inclusive of several *Sunat Prayers*; *Zikir* (a form of verbal recitation that praises Allah s.w.t.), and *Community Services* (mainly practiced at the Sungai Ikan Center, and minimally done at the Pulau Bidin Center). Counseling and regular meetings with the *guru* and counselors are also arranged for the addicts to discuss their predicaments.

a. Taubat Bath

The Taubat Bath is carried out by all addicts at about 4 am in the morning (three hours before daybreak). The bath has a special purpose (other than the normal "cold turkey" treatment process), that is for one to seek penance or repent from its previous behavior of taking substance by continuously cleansing

oneself. Similar act of induce vomitting treatment method practiced by Buddhist monks in the Northern Thailand area can be synonymously related to this act of repentence. This pre-dawn bath which is carried out daily for 40 days will accelerate the drug addict's elimination of his physical dependency to the psychoactive substance.

b. Prayers

Muslims must carry out their daily Wajib (compulsory) Prayers, specifically five times in a day: predawn (subuh), high noon (zuhur), afternoon (asar), sunset (Maghrib) and evening (Isya'). Besides these Prayers, the inmates at INABAH will have to perform a series of Sunat (non-compulsory) Prayers immediately after their Taubat Bath, specifically the Sunat Tahajjud (12 rakaat), Sunat Tasbih (4 rakaat); and in every rakaat, one has to recite tasbih for 75 times besides zikir to God the Almighty as much as possible. Proir to the Subuh Wajib Prayer, several sunat prayers has to be performed namely Sunat Subuh (2 rakaat), Sunat Witir (3 rakaat) and Sunat Fajri (2 rakaat); and after the Subuh Prayer, one has to further perform the Sunat Lidofil Balai (2 rakaat), and zikir 165 times. After sunrise, another series of prayers will be performed namely the Sunat Isroq (2 rakaat), Sunat Liistiadah (2 rakaat) and Sunat Sirullah 2 rakaat.

Consequently, before and after each of the five wajib prayers, one has to perform several rakaat of Sunat Prayers, and each sets of prayers with zikir will consume as long as 1 to 1 1/2 hours, and up to 2 1/2 hours before and after the Subuh

prayers. Each prayer must be performed in accordance to its specific requirements as outlined by the Al Quran and The Sunnah of the Prophet Muhammad s.a.w. This means that total concentration must be devoted to the prayers, thus, departing oneself from the needs and wants of the addictive substance. Prayers and zikir also teach oneself to adhere to strict discipline and patience, subsequently providing an excellent avenue for the drug addicts to concentrate to something other than their craving for the substance. At a higher existential level, one's total submission of faith to Allah s.w.t. will help them to shed dependence on the substance and alternate the dependence to Allah. This has been frequently seen amongst the treated addicts undergoing this treatment schedules.

c. Zikir

Two forms of zikir were practiced at the INABAH centre, Zikir Jahar and Zikir Khofi. Zikir Jahar is the utterance of certain phrase (*Lailahaillallah*) with a certain verbal loudness. Meanwhile, Zikir Khofi is the recitation of specific verses in the heart, without any verbalization. The utterance of zikir has to be performed with the upmost concentration, thus providing an avenue for one to abscond oneself from the craving of the psychoactive substance. Conducted over a period of four months, this itself provides a training to oneself to relocate their attention to something other than drugs. Paired with strong faith to Allah s.w.t., and self-discipline, the sense of dependency will be rerouted to religion instead of the harmful effects of drugs. This has been the experiences of several drug dependents

who had maintained abstinence for a period of more than three years upon completing their INABAH programme.

d. Community Service.

All drug addicts at the INABAH Treatment Centre must carry out some form of community service, which includes serving the community in various forms, agricultural activities, farming (poultry, freshwater fish and livestock), manufacturing simple products, food business (eatery) and many others. These activities helped the drug addicts' reintergration back into society, besides providing them with some basic occupational skills for them to sustain some income generating activities.

e. Other Therapeutic Approach.

Various sessions conducted in individualized, group or family setting provide ample opportunity for the drug addicts at the centre to communicate about their experiences, predicaments and problems with the guru, counselors and peers. Most of the counselors conducting these sessions are ex-addicts themselves, thus therapeutic community concept is being practiced. The only difference with traditional TC's (like Daytop, Phoenix House etc) is that the base for counseling and advicement is very much Islamic-laden, using specific examples from the *Sunnah* to elicit awareness and repentence amongst the addicts.

How Effective is the INABAH Approach

This paper reports some preliminary findings on the

effectiveness of the INABAH approach towards the rehabilitation of drug dependents. The present study was conducted over a period of 18 months, stage one being the analysis of approaches, methods and processes. Concurrently drug dependents applying to seek rehabilitation at the centre were interviewed; 35 at the Kedah centre and 25 at the Terengganu centre. Interviews were again held upon clearance of the first and second stage of treatment to look at immediate changes experienced by the respondents. Further interviews will be conducted to record long term effect and the ability of respondents to maintain abstinence from taking drugs, thus this will provide a more accurate analysis of the effectiveness of the approach.

Qualitative analysis were conducted via the aid of several instrumentations which acted as a guideline for the structured interview. Instruments used at this preliminary stage are *Functional Analysis and Behavioral Assessment Checklist*; *Attitudinal Change Checklist*; *Drug Use Questionnaire* ; and *The Life Event Holmes and Rahe Stress Scale*. The results of the qualitative analysis were as follows.

a. Functional Analysis: Respondents showed significant increase in their basic psychological functioning such as mood and affect control; cognition ability such as retention of memory and reasoning; and a greater adaptive functioning with the surroundings.

b. The Self: A heightened self-esteem and self-efficacy were observed. They have a better sense of themselves,

besides appreciating their strengths and weaknesses. Their value system are quite well defined, as they can path a clearer vision and life projects. The need to share their experiences with other peers were also observed

c. Social Support: All the respondents reported that they get better support from their peers at the centre as compared to their peers before entering the centre. They also sense that the counselors provide them with adequate guidance for self exploration and introspection. They feel cared for and valued by the significant others around them. The environment is suitable for growth and self-actualizing.

d. Behavioral Change: There are clear indications that the respondents have departed from their past behavioral patterns to a more adaptive behaviors. Addictive behaviors such as seeking immediate gratifications, escapism, blaming others reduced drastically. Instead, adaptive behaviors such as assuming responsibilities for one's action and delaying gratification emerged. This are mainly contributed by the practice of sunat prayers and zikir.

e. Attitudinal change: The attitudes towards others are more positive, they relinquish themselves from the usual negative stance towards all around them. The inculcation

of basic Islamic values such as sharing, patience, honest, genuine, sincere and many others in the course of counseling sessions and regular session with the guru have taken shape.

f. Stress: In general, life is less stressful as compared to when these respondents were drug addicts on the streets. They do not have to put up with the threat of being apprehended by the authorities, or seeking supplies to meet their craving for the substance. In general, they've learnt to manage their stress through meditation and prayers.

Conclusion

It is interesting to study the mystical powers of the mind, faith and self-generated motivation in eliciting behavioral change, as oppose to the modern scientific methodology in this technology oriented society. The INABAH traditional method of treating drug dependents adhere strongly to the belief that the inner strength of faith and motivation of the individual holds the true power of change, of course, by Allah's will. Thus, the treatment processes practice exactly this belief, that one has to try to change oneself and after all the efforts has been geared towards that goal, one must put faith in God. This combination of spiritual-physical-psychological treatment and rehabilitation showed some interesting and positive results that definately demand further effort to gain a better understanding of the

modality. Also, the prospect for greater demand for this approach is good and its application to other drug rehabilitation modality can be well considered.

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